



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010

**Richard C. Dunn**  
Director



**Bob Holden**  
Governor

November 17, 2003

**Please give this letter and attachments to your hospice administrator.**

Dear Administrator:

Enclosed you will find the annual statistical form for reporting 2003 information about your hospice agency's activity. This information is required of all state certified hospices on an annual basis.

Please review the instructions and definitions included with the form so you have a clear understanding of what data is being requested, as there have been changes in the format since last year.

**This information is due in our office by February 1, 2004. Your hospice certification cannot be renewed without submission of this report.**

If you have questions regarding the information to be included or how to complete the form, please call the Bureau at 573/751-6336.

Sincerely,

Linda Grotewiel, R.N., Administrator  
Bureau of Home Care and  
Rehabilitative Standards

Enclosure

[www.dhss.state.mo.us](http://www.dhss.state.mo.us)

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

# HOSPICE ANNUAL STATISTICAL REPORT

## INSTRUCTION SHEET

*This form should include data on Missouri patients only. This applies to one state-certification (license) number only. Separate reports must be completed for each state-certification (license) number. If you are an out-of-state provider, or serve other states, include only Missouri residents who received care from the provider. List all Medicare certified and/or State-certified (license) satellite locations.*

**Item 1 - STARTING CENSUS**

Enter the number of patients in each pay source category listed as of January 1, 2003. Private insurance category includes patients with either per visit or per diem private insurance coverage.

**Item 2 - TOTAL YEARLY UNDUPLICATED ADMISSIONS**

Enter the number of patients admitted for the period January 1-December 31 in each pay source category. This should be an unduplicated count. For example, if a patient was originally a Medicaid patient and later became Medicare, enter that patient only once. If any patient is admitted, discharged and readmitted during the same report period, count patient only once.

**Item 3 - TOTAL PATIENTS SERVED**

In each pay source category, add the Starting Census (Item 1) to the Total Yearly Unduplicated Admissions (Item 2) to obtain a total for each category. Also add across to obtain a total for all patients in all pay source categories.

**Item 4 - TOTAL PATIENT DAYS (Per Diem Only)**

Count only per diem days in each of the four types of days. Patients whose pay source pays for hospice by the visit should not be included in this category.

**Item 5 - LENGTH OF STAY**

The Mean (or average) length of stay is the sum of the individual lengths of stay for each patient discharged in a given time period, divided by the number of patients discharged.

For example: Eight patients are discharged. Patient A was on service for 9 days, Patient B for 130 days, Patient C for 12 days, Patient D for 32 days, Patient E for 16 days, Patient F for 3 days, Patient G for 17 days, and Patient H for 48 days. Add the total days and divide by 8.

$$\frac{9+130+12+32+16+3+17+48}{8} = \frac{267}{8} = 33.4 \text{ days mean length of stay}$$

The Median length of stay is the central number when the individual lengths of stay are arranged from shortest to longest. If there are an even number of patients discharged in a given time period, the median is the value halfway between the two central numbers.

For example: Using the same group of patients as above, the lengths of stay have been arranged from shortest to longest. Because there is an even number of patients, we average the two numbers in the middle of the sequence to find the median.

= 3 9 12 16 17 32 48 130

$$= \frac{16+17}{2}$$

+ 16.5 days is the median length of stay

**Item 6 - VOLUNTEER HOURS**

Provide information regarding the total number of volunteer hours including administrative support or direct patient care activity. (Do not include training, orientation or fund raising activity.) Enter total number of patients/volunteer hours then divide by percentage of staff patient care hours. Report this the same as for Medicare/Medicaid state surveys.

**Item 7 - NUMBER OF PATIENTS RECEIVING THE FOLLOWING SERVICES**

Report the total number of patients during the year that received direct services from each discipline.

**Item 8 - ADMISSION BY AGE**

List the number of patients according to age at the time of admission during the period.

**Item 9 - ADMISSION BY GENDER**

List the number of patients according to gender.

**Item 10 - ADMISSION BY RACE/ETHNICITY**

List the number of patients according to race/ethnicity.

**Item 11 - PATIENT ADMISSIONS PER DIAGNOSIS**

List the total number of clients served during the year in each diagnosis category. Only one diagnosis per patient is needed.

**Item 12 - PATIENT LOCATION AT DEATH**

Report the total number of patients who were admitted by location and the total number of patients who died during the year in the applicable location category.

**Item 13 - PERSONS NOT ADMITTED**

List the number of persons who were not admitted in each reason category. Count those persons who received an initial visit or contact, however were not ultimately admitted for care.

**Item 14 - DISPOSITION UPON DISCHARGE**

Report the total number of patients who were discharged in the appropriate category.

## COUNTY CODES

001	Adair	133	Mississippi
003	Andrew	135	Moniteau
005	Atchison	137	Monroe
007	Audrain	139	Montgomery
009	Barry	141	Morgan
011	Barton	143	New Madrid
013	Bates	145	Newton
015	Benton	147	Nodaway
017	Bollinger	149	Oregon
019	Boone	151	Osage
021	Buchanan	153	Ozark
023	Butler	155	Pemiscot
025	Caldwell	157	Perry
027	Callaway	159	Pettis
029	Camden	161	Phelps
031	Cape Girardeau	163	Pike
033	Carroll	165	Platte
035	Carter	167	Polk
037	Cass	169	Pulaski
039	Cedar	171	Putnam
041	Chariton	173	Ralls
043	Christian	175	Randolph
045	Clark	177	Ray
047	Clay	179	Reynolds
049	Clinton	181	Ripley
051	Cole	183	St. Charles
053	Cooper	185	St. Clair
055	Crawford	187	St. Francois
057	Dade	189	St. Louis County
059	Dallas	510	St. Louis City
061	Daviess	193	Ste. Genevieve
063	DeKalb	195	Saline
065	Dent	197	Schuyler
067	Douglas	199	Scotland
069	Dunklin	201	Scott
071	Franklin	203	Shannon
073	Gasconade	205	Shelby
075	Gentry	207	Stoddard
077	Greene	209	Stone
079	Grundy	211	Sullivan
081	Harrison	213	Taney
083	Henry	215	Texas
085	Hickory	217	Vernon
087	Holt	219	Warren
089	Howard	221	Washington
091	Howell	223	Wayne
093	Iron	225	Webster
095	Jackson	227	Worth
097	Jasper	229	Wright
099	Jefferson	999	Unknown
101	Johnson		
103	Knox		
105	Laclede		
107	Lafayette		
109	Lawrence		
111	Lewis		
113	Lincoln		
115	Linn		
117	Livingston		
119	McDonald		
121	Macon		
123	Madison		
125	Maries		
127	Marion		
129	Mercer		
131	Miller		

## Hospice Annual Statistical Report January 1 - December 31, 2003

This Annual Report must be submitted to the Missouri Department of Health and Senior Services, Bureau of Home Care and Rehabilitative Standards, P.O. Box 570, 912 Wildwood Drive, Jefferson City, Missouri 65102 by February 1, 2004. This form is to be used for one certification (license) number only. Separate reports must be completed for each certification number.

Hospice Name:

Address:

City, State, Zip:

Phone:

Fax:

Number of approved satellite/branch offices in Missouri as of 12/31/2003:

County Code of main office in Missouri:  
(Use the three-digit code listed in the instructions)

Check applicable type(s) below. (Please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> For-Profit or Proprietary | <input type="checkbox"/> Government Funded and Based | <input type="checkbox"/> Rehab-Based              |
| <input type="checkbox"/> Not-For-Profit            | <input type="checkbox"/> Chain Affiliate             | <input type="checkbox"/> Home Health Agency-Based |
| <input type="checkbox"/> Private                   | <input type="checkbox"/> Sole Corporation            | <input type="checkbox"/> System-Based             |
| <input type="checkbox"/> Hospital-Based            | <input type="checkbox"/> Wholly Owned or Subsidiary  | <input type="checkbox"/> Voluntary                |
| <input type="checkbox"/> Nursing Facility-Based    | <input type="checkbox"/> HMO-Based                   |   |

	Hospice Medicare	Hospice Medicaid	Private Insurance	Self-Pay	Other*	Total
1. Starting Census as of January 1, 2003						
2. Total Yearly Unduplicated Admissions						
3. Total Patients Served (1&2)						

*\*Other Payment Sources may include but not limited to Workers Comp, Home Health Benefit, Donations, etc.*

4. Total Patient Days (per diem only)	Routine	Inpatient/Acute	Respite	Continuous Care		Total
5. Length of Stay	Number of Patients		Average Daily Census	Mean (average) Length of Stay <i>(See Instructions)</i>	Median Length of Stay	
	Under 7 days	Over 6 months				
6. Volunteer Hours (Annual)	Annual Number of Hours			Annual % of Staff Patient Care Hours		
7. Number of Patients Receiving the Following Disciplines While on Service	Skilled Nursing	HHAide/ Homemaker	Social Worker	Spiritual Counseling	Volunteers	Total
8. Admissions By Age	0-17	18-34	35-64	65-74	75-84	85+
9. Admissions By Gender	Male			Female		

	American Indian or Alaskan Native	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Other Pacific Islander	White or Caucasian	Another Race	Multiracial	Don't Know	Total
10. Admissions By Race/Ethnicity										
11. Number of Patients By Diagnosis										
Diagnosis	Suggested ICD-9 Codes									Number of Admissions
Cancer	143.0-239.0									
Heart	428.0 428.1 428.9									
Dementia	290.0 290.10 290.11 290.12 290.13 290.20 290.21 290.3 290.40 290.41 290.42 290.43 294.1 331.0 331.1 331.2									
Lung	There is no ICD-9 code for end stage pulmonary disease. Diagnoses for pulmonary disease, which leads to end stage pulmonary disease will be accepted.									
Kidney	584.5-584.9 585 586									
Liver	155.0 571.2 571.40-571.49 571.5 571.6 572.2 572.4 573.3									
HIV	042									
Coma										
Stroke	430 431 432.0-432.9 433.1 433.11 433.21 433.31 433.81 433.91 434.01 434.11 434.91 436 780.01 850.4 851.05 851.15 851.25 851.35 851.45 851.55 851.65 851.75 851.85 851.95 852.05 852.15 852.25 852.35 852.45 852.55 853.05 853.15 854.05 854.15 997.02									
Diabetes										
ALS	335.20									
Other (please specify)										
<b>Total:</b>										
12. Number of Admissions and Deaths by Location										
Location		Number of Admissions				Number of Deaths				
<b>Home</b> Private residence of either the patient or the caregiver										
<b>Nursing Facility</b> A licensed facility providing nursing and supportive services (may be the equivalent of either a Skilled Nursing Facility or Intermediate Care Facility).										
<b>Hospice Unit</b> An inpatient unit (one or more beds) operated by a hospice, and located in a facility operated by another entity (includes hospital, nursing home and other).										
<b>Hospital</b> An acute care facility not operated by the hospice (may be a floating or scattered bed contract).										
<b>Free Standing Hospice Inpatient Facility or Residence</b> An inpatient facility and/or residence operated entirely by a hospice.										
<b>Residential Care Setting</b> An residential care facility that is not run by the hospice (assisted living, boarding home, rest home shelter, etc.)										
		Death Prior to Admission		Does Not Meet Admission Criteria		No Physician Cert for Eligibility		Other		Total
13. Number of Persons Not Admitted										
		Revocation		No longer Clinically Appropriate		Transferred To Another Hospice		Moved From Service Area		Death
14. Disposition Upon Discharge										

Please comment on any responses not completed or responses that require clarification.

[illegible]

Date of Completion	Signature of Administrator
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*Thank you for your cooperation in completing this survey. If there is any questions about your responses to this survey, who should be contacted?*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Please Print)

If you desire a copy of this publication in alternate form because of a disability, contact the Missouri Department of Health and Senior Services, Division of Administration, P.O. Box 570 Jefferson City, MO 65102; phone 573/751-6336.  
Hearing-impaired citizens may contact the department by phone through Missouri Relay (800-735-2966)

Hospice Annual Report  
January 1 - December 31, 2003

NO.	COUNTY	NO. OF ADMS.	NO. OF DEATHS	NO.	COUNTY	NO. OF ADMS.	NO. OF DEATHS	NO.	COUNTY	NO. OF ADMS.	NO. OF DEATHS
001	Adair			079	Grundy			157	Perry		
003	Andrew			081	Harrison			159	Pettis		
005	Atchison			083	Henry			161	Phelps		
007	Audrain			085	Hickory			163	Pike		
009	Barry			087	Holt			165	Platte		
011	Barton			089	Howard			167	Polk		
013	Bates			091	Howell			169	Pulaski		
015	Benton			093	Iron			171	Putnam		
017	Bollinger			095	Jackson			173	Ralls		
019	Boone			097	Jasper			175	Randolph		
021	Buchanan			099	Jefferson			177	Ray		
023	Butler			101	Johnson			179	Reynolds		
025	Caldwell			103	Knox			181	Ripley		
027	Callaway			105	Laclede			183	St. Charles		
029	Camden			107	Lafayette			185	St. Clair		
031	Cape Girardeau			109	Lawrence			187	St. Francois		
033	Carroll			111	Lewis			189	St. Louis County		
035	Carter			113	Lincoln			510	St. Louis City		
037	Cass			115	Linn			193	Ste. Genevieve		
039	Cedar			117	Livingston			195	Saline		
041	Chariton			119	McDonald			197	Schuyler		
043	Christian			121	Macon			199	Scotland		
045	Clark			123	Madison			201	Scott		
047	Clay			125	Maries			203	Shannon		
049	Clinton			127	Marion			205	Shelby		
051	Cole			129	Mercer			207	Stoddard		
053	Cooper			131	Miller			209	Stone		
055	Crawford			133	Mississippi			211	Sullivan		
057	Dade			135	Moniteau			213	Taney		
059	Dallas			137	Monroe			215	Texas		
061	Daviess			139	Montgomery			217	Vernon		
063	DeKalb			141	Morgan			219	Warren		
065	Dent			143	New Madrid			221	Washington		
067	Douglas			145	Newton			223	Wayne		
069	Dunklin			147	Nodaway			225	Webster		
071	Franklin			149	Oregon			227	Worth		
073	Gasconade			151	Osage			229	Wright		
075	Gentry			153	Pemiscot			999	Unknown		
077	Greene			155	Pemiscot			(MISSOURI ONLY) TOTAL			